



Registration Form

Registration is limited to 2500 attendees.

Please pre-register by

March 4

The pre-registration fee is \$300, on-site registration, if available, will be \$350. Please use this form to register, or to register on line, visit the Web site www.asmtusa.org/mtg/src/iceid02.htm.

To cancel a registration, e-mail iceid@asmtusa.org or fax a letter to 202-942-9340.

Cancellations must be received by March 4 for a partial refund. A \$30 cancellation fee will be assessed.

Mail or fax
Registration Form to:
ICEID
c/o ExpoExchange
P.O. Box 3867
Frederick, MD 21705
Fax: 301-694-5124

Questions?
iceid@asmtusa.org or
202-942-9248.

Name

Organization/Institution

Department

Address

City/State/Zip/Country

Business Telephone

Fax Number

E-mail Address

What type of degree(s) do you hold?

- | | | | |
|------------------------------------|----------------------------------|------------------------------|---------------------------------|
| <input type="checkbox"/> Associate | <input type="checkbox"/> DPH | <input type="checkbox"/> MD | <input type="checkbox"/> PharmD |
| <input type="checkbox"/> Bachelors | <input type="checkbox"/> DVM | <input type="checkbox"/> PhD | <input type="checkbox"/> RN |
| <input type="checkbox"/> DDS | <input type="checkbox"/> Masters | <input type="checkbox"/> ScD | <input type="checkbox"/> other |

Conference Fee

Preregistration Fee (on or before March 4) \$300 _____

Method of Payment:

Payment must accompany form.

- ☐ Check or money order enclosed (US dollars only)
☐ Visa ☐ MasterCard ☐ American Express

Card Number

Expiration Date

Today's Date

Print Name as It Appears on Card

Signature